*\*\*\* Please complete this application and remove or replace all the blue, italic instructions. \*\*\**

**AKC Canine Health Foundation**

**No Cost Extension Request**

|  |  |
| --- | --- |
| **CHF Grant Number** |  |
| **Project Title** |  |
| **Institution** |  |
| **Investigator(s)** |  |
| **Project Start Date** |  |
| **Current Date** |  |

**No Cost Extension Request:**

*If you need to request a NCE, please explain below. The request will be reviewed and, if approved, a letter will be sent extending the project end date by six months****.***